

Type or use ball-point pen. If attachments are needed, submit four copies. Additional instructions on reverse.

From: <u>Biron, Lisa A.</u>	<u>12775-049</u>	<u>D</u>	<u>FCI Waseca</u>
LAST NAME, FIRST, MIDDLE INITIAL	REG. NO.	UNIT	INSTITUTION

Part A- INMATE REQUEST

The BOP will not let me contact my adult daughter despite the fact that she wants contact with me. The BOP has no legal grounds to support these actions, although various government employees have offered various justifications over the years.

I have exhausted the administrative remedy process multiple times regarding this issue. Please acknowledge that my remedies are exhausted.

April 8, 2019

DATE

Lisa Biron

SIGNATURE OF REQUESTER

Part B- RESPONSE

DATE

WARDEN OR REGIONAL DIRECTOR

If dissatisfied with this response, you may appeal to the Regional Director. Your appeal must be received in the Regional Office within 20 calendar days of the date of this response.

ORIGINAL: RETURN TO INMATE

CASE NUMBER: 974777-FI

CASE NUMBER: 974777-FI

Part C- RECEIPT

Return to: _____	_____	_____	<b>EXHIBIT</b> <b>B</b>
LAST NAME, FIRST, MIDDLE INITIAL	REG. NO.	UNIT	

SUBJECT: \_\_\_\_\_

DATE

RECIPIENT'S SIGNATURE (STAFF MEMBER)

